

bilities of manufacturing and marketing low tar and nicotine cigarettes. We hope, with the help of the background provided today, to be able to evaluate critically the importance of some of these developments.

We then plan, on the last day, which will be Friday, to receive a summary and discussion of the previous testimony from the Surgeon General, Dr. William Stewart, and from Dr. E. Cuyler Hammond of the American Cancer Society.

Statistics contained in the Surgeon General's review of the smoking problem indicates that one out of every three smokers between the ages of 35 and 59 will die prematurely because he smokes. These startling figures underscore the tremendous importance of seeking solutions to this problem. With stakes as high as these, there is an understandable temptation for people to grasp eagerly at each new scientific finding which purports to reduce the hazards of smoking, but which does not call upon the smoker to break the habit completely.

Unfortunately, thus far no easy solutions are readily apparent, but we do hope to hear that some meaningful progress is being made. Nevertheless, we cannot afford to foster premature or false hopes that the hazards of smoking will soon be eliminated. Therefore, although we shall listen hopefully to these 3 days of testimony, it is absolutely essential that we also do so critically.

Although these hearings will not consider a particular bill, I would like to insert in the record at this point a copy of the tar and nicotine disclosure bill, which I introduced along with Senators Robert Kennedy and Moss, last May, and also the text of the remarks I delivered in introducing this bill.

[From the Congressional Record, May 17, 1967]

INTRODUCTION OF AMENDMENTS TO THE CIGARETTE LABELING  
AND ADVERTISING ACT

Mr. MAGNUSON. Mr. President, I introduce, on behalf of myself, Mr. Kennedy of New York, and Mr. Moss, for appropriate reference, a bill which will strengthen the Cigarette Labeling and Advertising Act of 1965, by requiring that all cigarette packages and advertisements disclose the tar and nicotine content of each cigarette as measured by a standard test. This bill is similar to legislation which I introduced late in the last session of Congress.

Two weeks ago the Public Health Service issued a report prepared by the National Center for Health Statistics entitled "Cigarette Smoking and Health Characteristics." The findings of this report were based on a massive survey of about 134,000 persons in approximately 42,000 households. It found that both male and female cigarette smokers reported a higher incidence of chronic conditions—bronchitis, emphysema, sinusitis, heart condition, and peptic ulcer—than did persons who had never smoked, thereby substantiating similar findings made in the Surgeon General's report 3 years earlier. In addition, however, it stated:

"There is a marked increase in the prevalence of chronic conditions as the number of cigarettes smoked per day increases. For example, of the males who smoked a half pack or less at their heaviest amount, 49.5 percent reported one or more chronic conditions while 72.1 percent of those who smoked over two packs a day had one or more chronic conditions, which is 35 percent higher than the percentage for the 'never smokers.' There is a similar increase in the percent of females with chronic conditions as the heaviest smoking amount increases with 57.1 percent of the light smokers and 85.3 percent of the heaviest smokers reporting one or more chronic conditions. Thus, the number of cigarettes smoked appears to be a major factor in the relationship between cigarette smoking and health, with the strongest relationship among the heaviest smokers."

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the Surgeon General's review of the smoking habits of smokers between the ages of 15 and 25. These startling findings of seeking solutions to the problem of smoking there is an understandable eagerness to accept each new scientific finding, but which does not always

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May 17, 1967]

#### CIGARETTE LABELING

half of myself, Mr. Kennedy of the Senate, a bill which will strengthen the law requiring that all cigarette labels show the tar and nicotine content of each cigarette in accordance with the legislation which I

and a report prepared by the National Academy of Smoking and Health Characteristics, a massive survey of about 100,000 people found that both male and female incidence of chronic conditions—heart disease and peptic ulcer—than did previous similar findings made in the past. However, it stated:

"Chronic conditions as the number of the males who smoked 15 cigarettes or more reported one or more cigarettes smoked over two packs a day was 10 percent higher than the percentage in the percent of females. The number of females reporting one or more cigarettes smoked appears to be increasing with smoking and health, with

It specifically found, for example, that one pack a day cigarette smokers reported about the same incidence of heart ailments as "never smokers," while those who smoked over two packs a day had a 70-percent higher rate of heart conditions than the "never smokers."

The results of this study are of particular interest to proponents of tar and nicotine disclosure. Last June, a group of 14 prominent scientific investigators met at the invitation of the Surgeon General to review medical knowledge on the significance of the tar and nicotine content of cigarettes. At the conclusion of its meeting, that group unanimously adopted the resolution:

"The preponderance of scientific evidence strongly suggests that the lower the tar and nicotine content of cigarette smoke, the less harmful are the effects."

If that group has properly identified tar and nicotine as harmful substances in cigarette smoke—and the Commerce Committee, incidentally, expects to review this finding closely—then the health effects of decreasing a smoker's intake of tar and nicotine from each cigarette would be comparable to his smoking a reduced number of cigarettes. As the Public Health Service study indicates, such a change in smoking habits would greatly increase the likelihood of his living a life free from chronic illness.

Although unquestionably the best solution to the health hazard in smoking is to stop, or better still, to never start; for many people this is not a realistic solution. Studies conducted in Britain as part of a special national survey indicate that there is a sizable group of smokers who have become so habituated to cigarettes that they would never voluntarily give the habit up. Similarly, American researchers, such as Daniel Rosenblatt of the Cambridge Center for Research in the Behavioral Sciences, who have conducted antismoking clinics, find that there is a substantial group of heavy smokers who for reasons of taste, pleasure, or release of tension would not abandon smoking regardless of the health dangers associated with it. If one accepts that a large number of smokers will not respond to antismoking campaigns, they nevertheless may be helped considerably if they can be induced to switch to a low tar and nicotine cigarette.

Are smokers interested in making such a change in their smoking habits? The answer, I believe, is a resounding "yes." Fifteen years ago, the filter cigarette was merely a novelty item. Paralleling the steadily increasing publicity which graphically describes the results of each successive research report relating a higher incidence of serious respiratory, heart, and other disease with cigarette smoking, however, came a drastic shift in the smoking habits of the American public. Filter cigarettes gradually increased their share of the market until today they represent nearly 70 percent of all cigarette sales—an increase of more than fiftyfold in 15 years. This indicates to me that consciously or unconsciously the average smoker is turning to the filter cigarette in the hope that filtration will provide some measure of protection against the hazards of smoking.

This bill will make it possible for those smokers who desire to make a meaningful change in their smoking habits to do so. But many smokers who now switch to filter cigarettes may only be deceiving themselves. Studies indicate an extremely wide variation in the effectiveness of different filtration systems. Although all of the cigarettes which are lowest in tar and nicotine are filters, so are several of the highest. In one or two cases, the filter cigarette actually contains more tar and nicotine than its similarly labeled, nonfiltered, counterpart.

Tar and nicotine disclosure will readily provide the information which a health-conscious smoker needs in choosing the dosage of his "poison." Earlier this week, the Federal Trade Commission took the first step toward regularly providing this information by officially opening its special laboratory which will test the tar and nicotine content of cigarettes. At our suggestion, they have agreed to transmit quarterly reports to Congress through the Commerce Committee. Soon we should receive the first of these reports comparing the quantity of tar and nicotine contained in the different brands of cigarettes, and we shall attempt to give these reports very wide exposure. This is only a partial solution, however. The most meaningful step we can take will be to provide this important information directly to the consumer—on the cigarette package he buys and through the cigarette advertisement he hears or watches.

Thus far in my remarks I have concentrated on the importance to the individual smoker of widely publicizing the vital characteristics of each brand of cigarette. Why is it also important to us that he switch to a brand which is lower in tar and nicotine?

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First, it is important in economic terms. Extrapolating from its recent report on "Cigarette Smoking and Health Characteristics," the Public Health Service found:

First. Seventy-seven million workdays were lost in the year 1964-65 because of the higher rate of illness which exists among persons who have smoked as compared to those who never smoked. This is 19 percent of the entire annual work loss in the United States.

Second. Members of the Nation's labor force who smoked cigarettes spend over a third again as much time away from their jobs because of illness as persons who have never smoked.

Third. Eighty-eight million or 10 percent of all days spent sick in bed, either at home or in a hospital, were excess days lost because of the higher rate of illness existing among persons who have ever smoked.

These are startling figures, especially when they are coupled with estimates by Dr. Daniel Horn that as many as 300,000 people may die prematurely each year because they have smoked cigarettes.

What is the annual loss in productive output caused by premature death or excessive illness? What is the cost for medical treatment required and in health benefits paid out as the result of smoking induced illness? Unfortunately, no accurate figures are available to us. On the limited question of the economic cost of days lost through excessive illness, however, industry's salary loss, alone—in other words, the minimum loss—would exceed \$3 billion.

Second, legislation which might help induce a smoker to switch to a safer cigarette is also important to us in human terms. How can one estimate the cost to a family in which a father or mother is unable to work, is hospitalized, or has prematurely died? I would not care even to attempt an approximation, but perhaps I can convey some sense of this personal tragedy by reading a short letter which I received from a woman in Pennsylvania.

"NOVEMBER 7, 1966.

"DEAR SENATOR MAGNUSON: I would like to say how pleasing it is to know of your interest in the cigarette health hazard situation.

"I read on July 27, 1966 you introduced a bill to state the tar and nicotine content on package and labels in advertising. This really strikes home for me because on that day my husband Robert M. Frere died of lung cancer that the Doctor said was caused by heavy cigarette smoking. The ironic part is that I sold cigarette stock to help pay medical bills brought on by this disease.

"Thank you for being interested in this cause."

In light of the staggering costs to our society, this bill represents a minor restriction on the practices of a particular industry. Yet through its provisions, we may help millions of Americans to help themselves to healthier lives.

In closing, Mr. President, I should point out that although the bulk of the changes in this year's bill are technical ones, I have made one important substantive alteration. This will require that the cautionary label and the tar and nicotine content also appear on cigarette packages exported for sale abroad. At the present time the Department of Agriculture is spending \$240,000 annually to promote the export of tobacco products. Last year, for the first time, it spent an additional \$22.4 million to subsidize the export of leaf and shredded tobacco. To me, it seems particularly ironic that for fear of being accused of selling products which had not been determined "fit" for domestic consumption, we delayed assistance in providing clearly beneficial, high protein, fish flour to undernourished peoples around the world until after the FDA had cleared it as acceptable for domestic use, while at the same time we actively promote the export of tobacco products, without warning of their possible harmful effects, and advise our own citizens to stop smoking. We have no excuse for perpetuating this double standard. This bill will also cure that defect.

Mr. President, I ask unanimous consent that the text of the bill be printed at the close of my remarks together with a letter endorsing tar and nicotine disclosure from Secretary of Health, Education, and Welfare Gardner.

The Acting President pro tempore. The bill will be received and appropriately referred; and, without objection, the bill and letter will be printed in the Record.

The bill (S. 1803) to strengthen the Federal Cigarette Labeling and Advertising Act, introduced by Mr. Magnuson (for himself and other Senators), was received, read twice by its title, referred to the Committee on Commerce, and ordered to be printed in the Record, as follows:

"Be it enacted by the Congress of America in Congress Labeling and Advertising the end thereof the follow

"(7) The term "main smoker's mouth while sm

"(8) The term "nicotine, found in cigarette Commission, tends to cor

"(b) The first sentence immediately after "Unit striking out all after the by inserting in lieu thereof

"(1) the statement: Your Health"; and

"(2) a clear statement

"(A) the quantity of each cigarette of the brand determined in accordance mission under section 6;

"(B) the identity and mainstream smoke of each in such package, as determined Federal Trade Commission

"(c) The Federal Cigarette by (1) redesigning section 13, and 14, respectively, thereof, the following new

"SEC. 5. It shall be unlawful to import or export cigarettes for States or for any person carrier for hire, or a free of cigarettes in commerce be disseminated any advertisement to promote the sale clear and conspicuous statement

"(1) the quantity of tar each cigarette of the brand advertisement, as determined Federal Trade Commission

"(2) the identity and mainstream smoke of each or described in such advertisement prescribed by the Federal Trade

"SEC. 6. (a) The Federal Register regulate the measurement of the quantity of each cigarette as

"(b) The Federal Trade General of the Public Health Register regulations which commonly in the mainstream for the quantitative measurement of expressing the quantity of section 4 and paragraph (

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